

First Steps

Cost Participation

Overview

In the Spring of 2001, the Indiana Senate drafted legislation requiring the First Steps program to develop procedures to include a cost participation plan for the program. Legislation IC12-17-15-17 was passed by the General Assembly. The legislation specified that a cost participation plan would allow for co-payments to be charged to families accessing First Steps services. The determination of the co-payment amount shall be determined based on the family's income, taking into consideration medical and other related expenses.

First Steps has drafted procedures to comply with the legislation. It is anticipated that cost participation procedures will go into effect April 1, 2003.

Who will this new legislation affect?

The assessment of the co-payment will only apply to those families exceeding 350% of the federal poverty guidelines. For example, a family of 4 with an annual gross income over \$80,000 would be assessed a co-payment of \$5 per treatment session with a maximum fee of \$25 per month.

How will the co-payment be determined?

Your Service Coordinator will begin working with you to determine your family's level of income. Income will be determined by review of your family's three most recent check stubs. If check stubs are not available, or you are self-employed, you may supply the most recently filed 1040 Federal Income Tax form or a statement from your employer regarding your salary/wages.

The family may request that expenses related to the medical and personal care of a family member be considered in the calculation of the family income and co-payment amount. Expenses that may be deducted from the family's gross income must be out-of-pocket expenses for which the family will not be reimbursed. Such expenses would include: health insurance co-payments and premiums, prescriptions, and hospital expenses.

If you choose to have First Steps access your private insurance the Service Coordinator will assist with completion of the necessary forms. Once all information has been collected and data entered at the System Point of Entry (SPOE), the co-payment will be calculated and the family will receive written verification of their co-payment amount, if applicable.

How will I be billed?

The Central Reimbursement Office (CRO) will notify you if any co-payments are due. These amounts will be included on your explanation of benefits document. You should not provide any payments to individual providers. You can expect to receive your explanation of benefits within 30 to 90 days from the date of service. Mailing information will also be included on each statement.

Co-payments will not be collected if the family's private medical insurance covers First Steps services. Families will not be charged for Service Coordination, IFSP development, and evaluation and assessment activities. Families may request a review of their income as changes occur.

How can I obtain more information?

The First Steps web page contains the current cost participation information, including the draft procedures. You may visit the web page at www.state.in.us/fssa/first_step/. If you have further questions or do not have access to the Internet, you may contact your Service Coordinator.

Federal Income Poverty Level

Family Size	350%	450%	550%	650%	750%	850%	950%	1000%
1	\$31,430	\$40,410	\$49,390	\$58,370	\$67,350	\$76,330	\$85,310	\$89,800
2	\$42,420	\$54,540	\$66,660	\$78,780	\$90,900	\$103,020	\$115,140	\$121,200
3	\$53,410	\$68,670	\$83,930	\$99,190	\$114,450	\$129,710	\$144,970	\$152,600
4	\$64,400	\$82,800	\$101,200	\$119,600	\$138,000	\$156,400	\$174,800	\$184,000
5	\$75,390	\$96,930	\$118,470	\$140,010	\$161,550	\$183,090	\$204,630	\$215,400
6	\$86,380	\$111,060	\$135,740	\$160,420	\$185,100	\$209,780	\$234,460	\$246,800
7	\$97,370	\$125,190	\$153,010	\$180,830	\$208,650	\$236,470	\$264,290	\$278,200
8	\$108,360	\$139,320	\$170,280	\$201,240	\$232,200	\$263,160	\$294,120	\$309,600
9	\$119,350	\$153,450	\$187,550	\$221,650	\$255,750	\$289,850	\$323,950	\$341,000
10	\$130,340	\$167,580	\$204,820	\$242,060	\$279,300	\$316,540	\$353,780	\$372,400

Co Payment and Maximum monthly cost share based on the family's income as related to the federal income poverty level

At Least	But Not More Than	Co-Payment Per Treatment	Max. Monthly Cost Share
0%	350%	\$0	\$0
351%	450%	\$5	\$25
451%	550%	\$10	\$50
551%	650%	\$15	\$75
651%	750%	\$20	\$100
751%	850%	\$25	\$125
851%	1000%	\$30	\$150
1001%		\$36	\$180